

CERTIFICATE OF DEATH

REGISTRAR'S NO.

507

BIRTH NO.

PLACE OF DEATH
AND
USUAL RESIDENCE

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 25 yrs IN ARIZONA 25 yrs	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona	B. COUNTY Maricopa
C. CITY OR TOWN Mesa	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN Mesa	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION 223 So. Lebaron	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	D. STREET (IF RURAL, GIVE LOCATION) 223 So. Lebaron	E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PRECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) BONNIE Clestene FAULTNER	A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX Female	5. COLOR OR RACE Cauc.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Beufort W. Faultner	7. DATE OF BIRTH MONTH 1 DAY 11 YEAR 1910	8. AGE (IN YEARS LAST BIRTHDAY) 52	IF UNDER 1 YEAR MONTHS DAYS 	IF UNDER 24 HRS. HOURS MIN. 	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife	
9B. KIND OF BUSI- NESS OR INDUSTRY Own Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	(IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO. No record	
14A. FATHER'S NAME John H. Downs	14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Sarah Cape	15B. BIRTHPLACE (STATE OR COUNTRY) Oklahoma			
16. INFORMANT'S SIGNATURE Beufort W. Faultner	ADDRESS 223 So. Lebaron Mesa, Arizona	17. DATE OF DEATH December 14 1962	(MONTH)	(DAY)	(YEAR)	

171X
CAUSE
OF
DEATH
(ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) uremia DUE TO (B) ureteral obstruction DUE TO (C) Carcinoma of the cervix uteri II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. cachexia	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
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OPERATIONS,
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 20 19 62 TO Dec. 14 19 62 , THAT I LAST SAW THE DECEASED ALIVE ON Nov. 28 19 62 AND THAT DEATH OCCURRED AT 8:40 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	22A. SIGNATURE Norman B. Brown (DEGREE OR TITLE)	22B. ADDRESS 3435 W. Durango, Phoenix, Ariz.	22C. DATE SIGNED 12/17/62
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN)	(COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?	

CORONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 12/19/62	25C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa Arizona
26A. DATE REC. BY LOCAL REG. 12/20/62	26B. REGISTRAR'S SIGNATURE Jess McElmum	27A. FUNERAL DIRECTOR'S SIGNATURE Erlend M. Mortensen	27B. ADDRESS Phoenix Arizona
	28A. EMBALMER'S SIGNATURE by Mary Shanderson	28B. EMBALMER'S CERT. NO. 261-A	